

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041120

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bel-Ridge		c. CITY OR TOWN Bel Ridge	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3242 Welsberg Dr.		d. STREET ADDRESS (If outside, give location) 3242 Welsberg Dr.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lee Middle Herbert Last Patt		4. DATE OF DEATH Month Oct. Day 27 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-20-01
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Driver		10b. KIND OF BUSINESS OR INDUSTRY Dairy	
11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME William A. Patt		13b. MOTHER'S MAIDEN NAME Laura Belle McDowell	
14. NAME OF HUSBAND OR WIFE Hazel B. Patt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Hazel B. Patt, Bel-Ridge, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inguinal Infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Blood Clot of Heart DUE TO (c) Septic Arteritis		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:05 a.m. p.m.	Month, Day, Year 10/27/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Bonne Terre, Mo.	
21. I attended the deceased from 10/27/62 to 10/27/62 and last saw him alive on even dead		Death occurred at 7:05 F. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Dr. C. N. Salerni		22b. ADDRESS 732 Florence Rd	
22c. DATE SIGNED 10/27/62		22d. LOCATION (City, town, or county) Bonne Terre, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-30-62	
23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cemetery,		23d. LOCATION (City, town, or county) Bonne Terre, Mo.	
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo.		25. DATE RECD. BY LOCAL REG. 10-29-62	
26. REGISTRAR'S SIGNATURE [Signature]		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by my self, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Renee K Lohman

Licensed Embalmer No. 3395

P. O. Address St Louis 35 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.